NUT Midline Carcinoma

Madam — NUT midline carcinoma (NMC) is a rare, recently discovered, genetically defined, highly aggressive cancer [1]. Because of its rarity, few data are available regarding incidence, risk factors, indication, outcomes and sequencing of treatment modalities. Hence, we decided to audit data of individual patients diagnosed as NMC (defined on the basis of NUT-1 antibody positivity status on immunohistochemistry) in our institute between 2015 and 2018.

We identified 11 patients, with a median age of 22 years (range 9–61 years). The Eastern Cooperative Oncology Group performance status was 0–1 in 81.8% (eight) of the patients and performance status 2 or above in three patients (18.2%). The location was sinonasal in six patients (54.5%) and thoracic in five patients (45.5%). All patients had a midline location except for one (9.1%), in whom the epicentre was the left lower lobe. One-third of our patients (four, 36.7%) had metastatic disease at presentation, with bone being the most common site (three patients, 27.3%); the rest all had locally advanced disease (seven, 63.3%). The treatment intent was curative in one patient (9.1%) and palliative in 10 patients (90.9%). The curative patient received chemoradiation followed by adjuvant chemotherapy with paclitaxel and carboplatin. Among the palliatively treated patients, chemotherapy was received by seven patients (63.3%), one patient received local radiation (9.1%) and two (18.2%) refused treatment. Paclitaxel with carboplatin combination chemotherapy was received by four patients (36.7%), paclitaxel, cisplatin and ifosfamide chemotherapy was received by one patient (9.1%); the remaining two patients received the Vincristine, Adriamycin, Cyclophosphamide-Vincristine, Cyclophosphamide, Dactinomycin regimen (18.2%). Only two patients had a response to chemotherapy (28.6%, $n = 7$) and both had received paclitaxel with carboplatin. The median progression-free survival of our cohort of patients was 2.33 months (95% confidence interval 0.43–5.33) and overall survival was 6.43 months (95% confidence interval 1.27–12.00).

On the basis of our results and multiple case reports [2–5], it can be concluded that NMC is an aggressive malignancy and has dismal outcomes with currently used therapies.

Conflict of Interest

V. Noronha received grants from Dr. Reddy's Laboratories, Amgen and Sanofi Aventis, outside the submitted work. K. Prabhash received grants from Biocon, Dr. Reddy's Laboratories, Fresenius Kabi India, Alkem Laboratories, Natco Pharma, BDR Pharmaceutics and Roche, outside the submitted work.

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DPYD Mutation in Indian Patients

Madam — A pharmacogenomics-based drug modification of 5-fluorouracil (a 25–50% dose reduction) was recommended by the Clinical Pharmacogenetics Implementation Consortium (CPIC) guidelines. However, this was never studied in a prospective systematic manner [1]. A recent study by Henricks *et al.* [2] suggested that the incidence of dihydropyrimidine dehydrogenase gene mutation was 8%, which is higher than the incidence reported among Caucasians in most of the studies. We want to highlight that the incidence of DPYD mutation might have ethnic differences.